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Abstract 301

TITLE: Microbicides and woman-controlled HIV prevention: Moving up from the bottom of the Research agenda

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ISSUE: Women infected with HIV through heterosexual intercourse may well constitute over half of all women diagnosed with AIDS from 7/97 through 6/98. Among women, 37% of all cases that year were attributed to heterosexual contact and an estimated twethirds of the 31% with "no identified risk" are likely to have been unknowingly infected heterosexually. Because cultural norms, drug addiction, domestic violence and other issues, millions of women can't or don't insist on male condom use. Despite the absence of filly woman-controlled HIV prevention tools, microbicide research and development receives less than 1% of federal AIDS research funding and seven times less than HIV vaccine research.

SETTING: This project is national in scope and part of an international campaign.

PROJECT: I have presented my workshop, "When Women Can 't Use Condoms", 60 times in a variety of community, business, clinical, managed care and academic settings. This workshop raises awareness among consumers, service providers, activist and clinicians about the urgent need for woman-controlled HIV. Prevention tools and why their involvement is needed to get increased funding for the development of such tools. Using the "Alert, Alarm, Activate" model created by reproductive rights activists in the 1970's, the workshop gives participants basic knowledge of what microbicides are, how they work and why demanding womanontrolled prevention alternatives must become an integral part of our national HIV prevention strategy.

RESULTS: This project is now being used to generate participation in the "Global Campaign for Microbicides and Woman-Controlled STI/HIV Prevention Alternatives". This campaign seeks to increase access to HIV and STD prevention technologies beyond the male condom by increaing public investment in research to develop microbicides and other womanontrolled tools. Presentation of my workshop started in 1993, predating the 6/98 creation of the Global Campaign. Past and current workshop contact lists are now being used in the Campaign's outreach efforts. In less than a year, the Campaign has attracted 20 organizational coponsors. Another 60 groups have requested Campaign Action Kits and are being fostered as sites of locally-based Campaign activity. Over 2000 signatures have been gathered on the campaign's central petition. By channeling localized demand into central programized advocacy, this initiative is mobilizing a collective articulation of need forceful enough to be heard at national levels. This Campaign is working to generate the kind of broadbased Congressional and administrative support needed to radically change the level of US research investment in this area.

LESSONS LEARNED: A powerful, albeit largely untapped, grassroots demand exists for more and better woman-controlled HIV prevention options. Public education in the form of grassroots workshops can elicit, activate and focus that demand by educating participants about the urgent need for such options and by connecting them with an advocacy structure that endes their individual voices to be heard collectively by national and international poliemakers.

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